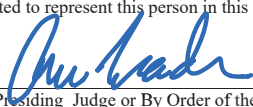


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./ DIV. CODE <b>HIXHO</b>		2. PERSON REPRESENTED <b>Avery Garrard (01)</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER <b>1:23-mj-01013-WRP-1</b>		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) <b>USA v. Garrard et al.</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10. REPRESENTATION TYPE (See Instructions) <b>CC</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:846=ND.F -- CONSPIRACY TO DISTRIBUTE NARCOTICS, Conspiracy to Distribute and Possess with Intent to Distribute, Resulting in Death, 40 grams or more of Fentanyl, a Schedule II controlled substance, 21 U.S.C. §§ 841(a)(1), 841(b)(1)(B)(vi), and 846					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  <b>Neal J. Kugiya, Esq. #4123</b> <b>P.O. Box 62166</b> <b>Honolulu, HI 96839</b>  Telephone Number : <b>(808) 454-7470</b>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____  <div style="text-align: center;">           Signature of Presiding Judge or By Order of the Court  <b>6/27/2023</b>      <b>6/26/2023</b>          Date of Order      Nunc Pro Tunc Date          Repayment or partial repayment ordered from the person represented for this service at time appointment.      <input type="checkbox"/> YES      <input type="checkbox"/> NO       </div>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
<b>CLAIM FOR SERVICES AND EXPENSES</b>					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court					
a. Arraignment and/or Plea			0.00		0.00
b. Bail and Detention Hearings			0.00		0.00
c. Motion Hearings			0.00		0.00
d. Trial			0.00		0.00
e. Sentencing Hearings			0.00		0.00
f. Revocation Hearings			0.00		0.00
g. Appeals Court			0.00		0.00
h. Other (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$ ) TOTALS:		0.00	0.00	0.00	0.00
16. Out of Court					
a. Interviews and Conferences			0.00		0.00
b. Obtaining and reviewing records			0.00		0.00
c. Legal research and brief writing			0.00		0.00
d. Travel time			0.00		0.00
e. Investigative and other work (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$ ) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			0.00		0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. <b>I swear or affirm the truth or correctness of the above statements.</b> Signature of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		<b>\$0.00</b>	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE		28a. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		<b>\$0.00</b>	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE		34a. JUDGE CODE